



Connecticut Association of Addiction Professionals

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To: Co-Chair, Representative Sean Scanlon, Insurance & Real Estate Committee
Co-Chair, Senator Matt Lesser, Insurance & Real Estate Committee
Members of the Insurance & Real Estate Committee

Date: March 1, 2019

Subject: Insurance & Real Estate Public Hearing-

For Your Favorable Consideration:

On behalf of the Connecticut Association of Addiction Professionals (CAAP), the Association lends its support to the passage of Proposed Bill No. During the 2019, the Insurance & Real Estate Committee will be reviewing important proposed legislation on the issue of parity for the treatment of Substance Use and Mental Health Disorder. The Connecticut Association of Addiction Professionals, the organization that represents the state's workforce of over 850 licensed addiction specialists have front line experience of the pain, the cost, and the stigma associated with Connecticut's chronic disparities in the delivery of best practice and evidence treatment of Substance Use Disorders.

The Connecticut Association of Addiction Professionals united with their behavioral colleagues almost five years ago in an advocacy initiative to address the private and public insurance carriers' fidelity to the intention and implementation of parity in the treatment of mental health and substance abuse services thru their respective plans' coverages for their customers. We look forward to 2019, as the year that the State of Connecticut passed Parity legislation.

Addictions professionals and consumers from across CT regularly report to CAAP Board Members that insurance carriers' current practices create severe barriers to SA treatment. The barriers are all about acquiring even more profit in the form of savings in an array of fiscal defense strategies!

The barriers to long-term substance abuse treatment include:

- Rationed utilization methods for course of treatment and length of stay to inpatient and outpatient treatment
- Questionable protocols for denial of claims.
- Network of providers, who may not possess the credentialing standards for educational and professional experience in the treatment of SUD.
- Low rates of reimbursement.
- Flawed access to SA treatment. Many insured patients who often present with the most complex medical and behavioral health disorders, receive marginal treatment, or encounter serious systemic barriers to care- lengthy waiting periods or no availability for placement to detox services, lack of inpatient openings for patients with documented diagnosis that require this level of treatment, and uncoordinated referral processes to specialists, and patient stigmatization due to life-style and misinformation about the disease of Addiction.
- Soaring rates of deductibles that force insured patients with active SUD to abandon life-saving treatment. This subtle and egregious practice is as dangerous as having **No Insurance!**
- Large numbers of licensed, Independent behavioral health providers across CT, including psychiatrists (adult & children), APRNs, LADCS, LCSWs, LMFTs, and LPCs choosing to OPT OUT of accepting privately insured patients due to the drastically low insurance reimbursement plans' reimbursement rates.

Addiction is a Primary Disease

Another frankly dangerous and unfair perception is that Addiction is a second tier mental health Disorder. This flawed concept currently negatively impacts the delivery of SA treatment to state residents. **Addiction is a Primary Disease!**

"Alcohol and drug addiction cost American society \$193 billion annually, according to a 2011 White House Office of Drug Control Policy report.¹ In addition to the crime, violence, and loss of

productivity associated with drug use, individuals living with a substance abuse disorder often have one or more physical health problems such as lung disease, hepatitis, HIV/AIDS, cardiovascular disease, and cancer and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia.² In fact, research³ has indicated that persons with substance abuse disorders have:

Nine times greater risk of congestive heart failure.

12 times greater risk of liver cirrhosis.

12 times the risk of developing pneumonia.

When persons with addictions have co-occurring physical illnesses, they may require medical care that is not traditionally available in, or linked to, specialty substance abuse care. The high quality treatment needed by individuals with addictions requires a team of different professionals that includes both specialty substance abuse providers and primary care providers...

Other researchers reported that substance abuse disorders, depression, and medical co-morbidities relate to poor adherence to medications to treat type 2 diabetes.⁹ Yet, many individuals served in specialty substance abuse settings do not have a primary care provider".¹⁰

11. 2011 The Economic Impact of Illicit Drug Use on American Society. Washington D.C: U.S. Department of Justice."

Since 2015, CAAP has received on-going complaints from the sick and suffering addict and their families, and partners across the state. These residents report that access to SA TX, covered by his or her insurance plans, to out-patient treatment is extremely difficult. Clients may be referred to a Full Program (3 weeks or 28 days) to maximize treatment outcome. Once admitted, the insurance company disallows the original treatment plan and the client is released after a shorter time period, 2 weeks as an example. The insurance company's utilization review process informs the client and the program that its assessment determined that the client has reached maximum benefit from treatment. This rationing of SA TX overrides the long-term program's clinical assessment. The result---necessary clinical treatment is discontinued.

Admission to long-term care services within the Connecticut is almost totally lacking. The substance abuse user and their families are then forced to pay exorbitant out-of pocket fees for securing a treatment program. On a sadly regular basis, Licensed Alcohol and Drug Counselors report that consumers may face paying \$9,000- \$11,000 to access long-term treatment centers. There are also reports of these facilities "working" with clients in need- however, acquiring the final dollar amount can be uncertain when a decision to enter the treatment is being made.

This formidable barrier to care is worsened by the stunning rise in deductibles by private insurance carriers.

The Treatment of Addiction- the Covert Influence of Blame, Shame, and Stigma

In CT and many states, the denial of prompt and critical SA treatment based upon a blaming and negative paradigm that directs the access to services on a protocol of **Failure**, hence, the barriers of shame and stigma related to SUD are strengthened. It is not unusual for youth and young adults to be denied inpatient treatment or a "higher level of treatment" until these consumers have "failed " at out-patient and intensive outpatient treatment.

With this sector of the population presenting with the soaring rates of opioid addiction and overdoses leading to death, this model is an egregious and barbaric system of care.

In Connecticut, we do not block necessary medical intervention and treatment from youth and young adults who have diabetes by withholding insulin medication until the young patient has a diabetic induced shock. In stark contrast, in the state's current practice of supporting treatment for the disease of addiction, necessary treatment may be blocked due to lack of treatment slots, arbitrary treatment regimens, and rationed admission or continuation of treatment.

To underscore and support the scientific evidence that Addiction is a disease, the Surgeon General produced a *Report on Addiction* (November 2016) that documented the need, implementation, and recommendation that Addiction is a "Primary Disease". At that time the

Surgeon General issued a national **Call to Action** to the nation's physicians to integrate the assessment, diagnosis of addiction, and treatment in standard primary medical services.

Connecticut has a moral obligation to provide its residents, families, and partners impacted by the disease of addiction adhere to the standards of Parity with insurance coverage that promotes swift access to evidence-based level of care, qualified specialists, and fiscal coverage and reimbursement policies which are equal to the complexities inherent to the disease. Let us always remember that Addiction is a treatable disorder, but if not treated with appropriate standards of practice, **Addiction is a terminal illness.**

Consumers, who seek substance abuse treatment, will be in jeopardy of losing access to evidence-based treatment and the highest standards of care for their addictions by the statutorily identified, behavioral health provider- the Licensed Alcohol & Drug Abuse Counselor. HB. 7125 will also be vital in assessing that treatment offered by addiction specialists and their licensed mental health colleagues be reimbursed at a fair rate for the provision of life-saving services to CT residents by private insurance plans.

If the State chooses not to give full parity to licensed addiction specialists and mental health provider, public and private payer network, the greatest risk will be to CT residents.

Submitted by:

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for CAAP